

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9979**  
Registrar's No. **2942**

FILED APR 14 1955

318

1003

BIRTH NO. **11004-55** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Saint Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Saint Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4964 Fyler Avenue, 9,</b>		d. STREET ADDRESS (If rural, give location) <b>4964 Fyler Avenue, 9,</b>	
3. NAME OF DECEASED a. (First) <b>ANITA</b> (Type or Print)		b. (Middle) <b>LYN</b>	
		c. (Last) <b>MORTON</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>March 31st, 1955</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>Jan. 14th, 1955</b>
9. AGE (In years last birthday) <b>0</b>		10. MONTHS <b>2</b>	11. DAYS <b>17</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Caryl L. Morton</b>		13b. MOTHER'S MAIDEN NAME <b>Rita Rae Jacobs</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Caryl L. Morton, 4964 Fyler Avenue, 9,</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <i>prolonged hypotension and severe Bilirubinemia</i> <b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>74 days</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (b) <b>ANTECEDENT CAUSES</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>Congenital Malformation</b> DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>752x</b>	
22. I, hereby certify that I attended the deceased from <b>14 Jan, 1955</b> , to <b>31 March, 1955</b> , that I last saw the deceased alive on <b>31 March, 1955</b> , and that death occurred at <b>1:30P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W. B. Kappesser, M.D. by [Signature]</b>		23b. ADDRESS <b>3284 Ivanhoe</b>	23c. DATE SIGNED <b>1 April 1955</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>4/1/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oconee Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Pana, Illinois</b>
DATE REC'D BY LOCAL REG. <b>APR 1 1955</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Mo.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

10:00AM to 12:00 Noon  
Friday Sure

File in City

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ralph C. Zanders

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.